

**EMT-1 REGULATORY TASK FORCE  
MEETING MINUTES  
February 5, 2003  
CHP Academy  
West Sacramento, CA**

**I. Introductions**

Self-introductions were made.

<b>MEMBERS PRESENT</b>	<b>EMSA STAFF PRESENT</b>	<b>ALTERNATES PRESENT</b>	<b>MEMBERS ABSENT</b>	<b>ALTERNATES ABSENT</b>
Elaine Dethlefsen Greg Dunnavant, MD Tom McGinnis Debbie Meier Dan Paxton Kevin White Todd Wilhoyte	Sean Trask  Mike Conley	Bruce Kenagy	Nancy Casazza  Sandy Margullis  Pat Kramm Donna Ferracone Bruce Haynes Debi Moffat Byron Parsons Marco Randazzo Ray Casillas Bob Repar Susan Smith John Pritting Jean English Veronica Shepardson Luann Underwood	Patrick Brown  David Nevins  Debbie Notturmo Karen Petrilla

**II. Minutes**

Approve as written.

**III. Agenda**

Approved with the following change: Add EMT-I Optional Skill Modules to the agenda under New Business.

**III. Old Business:**

**A. EMT-I Skills Examination**

1. The Task Force had two objectives to meet in this agenda item, first was to select a single standard EMT-I skills examination for the state and second, to select the skills that will be required for EMT-I skills verification every two years for EMT-I recertification. With respect to the EMT-I skills exam, the options were:
  - a. The Los Angeles County EMS Agency EMT-I Skills examination and the Task Force members present were given copies of the Los Angeles County EMS Agency's EMT-I skills exams and EMT-I skills exam instructor manuals.
  - b. The California Council of EMS Educators EMT Skills examination which the Task Force members were mailed after the January 2003 EMT Task Force Meeting.
  - c. The National Registry's EMT-Basic Skills Examination.After a brief discussion the Task Force members present agreed to select the National Registry's EMT-Basic Skills Examination.

2. With respect to skills verification, the Task Force members present agreed to use the skills that are listed in Section 100079 (g) of the current EMT-I regulations, those skills include:
  - a. Patient examination, both traumatic and medical
  - b. Airway emergencies
  - c. Breathing emergencies
  - d. Cardiopulmonary resuscitation
  - e. Automatic external defibrillation
  - f. Circulation emergencies
  - g. Neurological emergencies
  - h. Soft tissue injury
  - i. Musculoskeletal injury, and
  - j. Obstetrical emergencies

The recertification candidate will need to present a document that verifies that the EMT-I is proficient in the above listed skills in order to recertify as an EMT-I.

**B. Continuing Education:**

1. The Task Force members present that sit on the Paramedic Task Force stated that the Paramedic Task Force is considering making continuing education (CE) its own Chapter in the Regulations and have the Paramedic regulations refer to that Chapter for specific details of CE. The Paramedic Task Force is scheduling a two day meeting in Burbank in March to finalize the CE discussions. Since the EMT-I Task Force meets the day after the Paramedic Task Force, the Task Force members present agreed to table this discussion until the Paramedic Task Force finishes their discussions.

**IV. New Business**

**A. EMT-I Optional Skill Module:**

1. The EMT Task Force was presented with two modules for consideration to add to the EMT-I Optional Scope of Practice Section of the Regulations.

The first module is the basic module of the Draft EMT –II Regulations that is currently under EMT-I trial study in for counties in California (Imperial, Santa Clara, Napa, and Sierra). The module contains:

AED  
Combitube  
Epi-Pen  
Naloxone IM  
Glucagon IM  
Alupent Inhaler  
Nitroglycerine SL  
Aspirin PO  
Activated Charcoal

The hours of training for this module was originally 124 hours which included 68 hours of didactic, 32 hours of clinical and 24 hours of field internship. It was explained that these skills are sought by various rural areas in the state the have long response times for paramedic providers. It was also explained that the EMS Authority is not able to revise the EMT-II regulations in the current staff depleted environment. The Task Force was asked to consider the addition of this module to the EMT-I Optional Scope of Practice. After discussing the matter the Task Force members present agreed to reduce the module to Epi-Pen, Naloxone administered by a route other than intravenous, Glucagon IM, Alupent, Nitroglycerine SL, Aspirin PO and Activated Charcoal. The Task Force members present also agreed that these optional skills will be offered as a complete package and not to split individual items out. Naloxone will be a separate item in the optional scope of practice for those EMS systems that want to add naloxone only and not the entire package. The advanced airway will also be a separate item in the optional scope. The Task Force Members present were given a draft of training topics that were

taken from the EMT-Intermediate National Standard Curriculum that were recommended for the draft EMT-II modular regulations. The Task Force members present reduced the topics to:

(a) Emergency Pharmacology to include:

1. Aspirin
2. Bronchodilators
3. Epinephrine pen
4. Naloxone
5. Nitroglycerine
6. Glucagon
7. Activated Charcoal

(b) Medication administration, excluding intravenous route.

(c) Patient Assessment and physiology related to the application of this module.

Clinical training: No fewer than three IM injections, three inhaled medication administrations.

The Task Force Members present want to bring this item back to the next meeting to determine the minimum number of hours with input from the educators on the Task Force.

## 2. Mark I Kits

The Task Force members were asked for their input on adding Atropine Mark I injector kits and 2-PAM Mark I injector kits to the EMT-I optional scope of practice. Given the current threat of terrorist attacks and the movement of certain EMS systems to stock Mark I kits in ambulances and fire apparatus, this topic was forwarded to the EMT-I Task Force for their input. After a discussion of this topic, the Task Force members present agreed to add Mark I kits to the optional scope of practice thereby letting the local EMS system make the decision to add this module to their scope of practice. The Task Force will need to further discuss the hours and topics of training.

### A. Review of Task Force Objectives

1. Objective #1 – Done
2. Objective #2 – Done
3. Objective #3 – Done
4. Objective #4 – Done
5. Objective #5 – The Task Force is waiting for the Paramedic Task Force to finish their discussions on CE.
6. Objective #6 – Done
7. Objective #7 – Done
8. Objective #8 – Done
9. Objective #9 – Deferred to the Education and Personnel Committee of the Vision Improvement Project.

### V. Discussion:

1. Next meeting will be March 5, 2003 in Burbank, location will be announced later. The meeting will be from 10:00 AM to 4:00 PM.

Recorder: Sean Trask